Iowa College Student Aid Commission

Application for Registration (Authorization) of Postsecondary Schools lowa Code Chapter 261B

This is the application form for all schools that are required to register under lowa Code Chapter 261B.

All items must be completed. If there is insufficient space on the form to provide all requested information, use additional, separate attachments as required, numbering them to correspond to the application item. Other documents or materials may be attached separately in lieu of providing the information on the form. In such cases, the material or document should be referenced on the form, for example, "see attachment #xx."

Submit the completed and electronically-signed PDF of the application and any separate electronic attachments via email to Carolyn.Small@iowa.gov, or store on external media (i.e.: thumb drive, CD, etc.) and mail to:

Postsecondary Registration Coordinator Iowa College Student Aid Commission 430 E. Grand Ave., FL 3 Des Moines, Iowa 50309

A school must submit a \$1,000 application fee with the application. Please make the check payable to the lowa College Student Aid Commission and mail to:

Iowa College Student Aid Commission P.O. Box 310348 Des Moines, IA 50331-0348

The information you provide will be open to public inspection under Iowa Code Chapter 22.11, and posted to the Iowa College Student Aid Commission (the Commission) website under Iowa Code Section 261.2., subsection 7(b).

Exception: A private non-profit or for-profit corporation may submit financial statements associated with its most recent independent auditor's report to the Commission and request that they be treated as confidential. For more information, see application item #31.

For assistance or questions regarding the application, contact the Postsecondary Registration Coordinator at:

Carolyn.small@iowa.gov (515) 725-3413

(1) Provide the nan [(261B.4(2))] and [(2	ne of school and address of 261B.4(1))]	the principa	al office as	defined in lowa	Code Section 49	0.140 or 510.141:
Name of School:		Street:		Suite	e:	
Kendall College		900 N. E	Branch S	t.		
City:	State:	Zip:		Country:		
Chicago	IL.	60642		United Sta	tes	
-	for the school's primary state		tion contac			s):
.,	la a carlo a alla contra con a conflicación		-4-			
E-mail address for t jim.wilson@laur	he school's primary authoriz eate.net	ation conta	ct:			
(2) Type of school:	For-profit	Non-profi	t	Public		
applying for registra	ovide the address of all phys tion to offer distance educat a students will participate in a rience site(s).	on progran	ns and tha	t has established	, or plans to est	ablish, a permanent
Street:	Suite:					
N/A	N/A					
City:	State:			Zip:		
N/A	N/A			N/A		
Telephone:						
N/A						
each entire program face interaction bety	ll estimated tuition charges, [(261B.4(3))]. If the school veen student and faculty at a parately list distance educat	is applying in lowa loc	to offer boation in ad	oth residential pro dition to program	grams that requ	iire some face-to-
	Residential Program to be Offered in Iowa	Tuition	Fees	Books and . Supplies	Other	Estimated Total Program Charges
Add Row						
Delete Row	N/A					
	Distance Education Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Estimated Total Program Charges
Add Row Delete Row	Bachelor of Arts in Business	\$63,413	\$6000	\$4990	-	\$74,403

(5) Please list all distance education programs that include a structured field experience that the school will permit an lowa resident to participate in at an lowa location. For each program that includes a field experience, please separately attach documentation that describes the expectations of the student, school faculty and a site supervisor during the field experience. Bachelor of Arts in Early Childhood Education				
(6) Provide the name of school's contact person	of all other State at that lowa ag	of Iowa agencie ency. Separately	s required to approve the stack documentation	ne applicant school in Iowa and the of the school's approval.
State of Iowa Agency N	lame:			
Contact Person:			Telephone Number:	
E-mail address:				
(7) Does the school pla employment?	an to offer a prog	gram in Iowa tha	t prepares a student for	first-time, licensed professional
No ✓	Yes			
List the program and the lowa professional licensure board that licenses persons to practice the profession for which the school's program prepares a student. For each program, attach documentation demonstrating that the school's program either meets the requirements of a programmatic accrediting agency approved by the lowa professional licensure board, or that the school's program meets the lowa professional licensure board's curriculum requirements such that a student who successfully completes the school's program is not required to complete additional coursework or practicum hours.				
BA in Early Childhood Education leading to Illinois Type 04 Teacher Certification				
portions of tuition, fees, than four months in len- must comply with lowa Postsecondary Registra at www.iowacollegeaid. The refund policy is	or other charge gth that leads to Code Section 7' ation Coordinato gov. located on p	es [(261B.4(4))]. I a recognized ed 14.23. For more or or see the "Pos age 20 of the	For a for-profit school w lucational credential, the information about lowa stsecondary Registratio Kendall College Ca	d policy for the return of refundable rith at least one program of more e school's tuition refund policy a Code Section 714.23, contact the n" tab on the Commission's main web page atalog, found at the following link: ndali_WISP15_Catalog.pdf
(9) Provide the name, I	business addres	s and telephone	number of the school's	chief executive officer [(261B.4(7))]:
Name:		Street	: Suite	E
Emily Knight		900 N	I. Branch St	
City:	State:	Zip:	Country:	Telephone Number:
Chicago	t was	60642	United States	312-752-2104

- (10) Provide a link(s) to the school's website, or describe below the means by which the school provides the following disclosure to students. (If the school provides this information in one or more web-based documents, please provide both the link to the document and the page number within the document where the disclosure(s) is located.
 - 1. The name or title of the course.
 - 2. A brief description of the subject matter of the course.
 - The tuition charge or other fees charged for the course. If a student is enrolled in more than one course at the school, the tuition charge or fee for all courses may be stated in one sum.
 - The refund policy of the school for the return of their fundable portion of tuition, fees, or other charges. If refunds are not to be paid, the information shall state that fact.
 - 5. Whether the credential or certificate issued, awarded, or credited to a student upon completion of the course, or the fact of completion of the course, is applicable toward a degree granted by the school and, if so, under what circumstances the application will be made.
 - The name of the accrediting agency recognized by the United States Department of Education or its successor agency which has accredited the school.

The information listed above can be found in the institutional catalog: http://www.kendall.edu/wp-content/uploads/2014/05/10.30.14_Kendall_WISP15_Catalog.pdf
Course titles can be found on page 64. Descriptions can be found starting on page 84. Tuition and fees are found on page 19. The institutional refund policy is found on page 20. Information on applicability toward application for a credential can be found on page 64. Accreditation information is found on page 2.

(11) Provide the name, address, and telephone number of a contact person in Iowa. [(261B.4(10))]. If the school is applying for distance education and has elected to register with the Iowa Secretary of State as a corporation transacting business in Iowa, please list the corporation's Iowa resident agent. If a distance education provider chooses not to register with the Iowa Secretary of State, the response to this question may be "not applicable - distance education provider."

Name:		Street:	
Capitol Corporate Services, Inc		1503 42nd St.	
Suite:	City:	State:	Zip:
210	West Des Moines	IA	50266
Telephone Number (including country or	area code):		

800-345-4647

(12) Provide the name, address, and title of the other officers and members of the legal governing body of the school [(261B.4(6))]:

	Officer Name	Address	Telephone Number
Add Row Delete Row	Dr. Paul Busceni	900 N. Branch St Chicago, Il 60642	1-866-667-3344

(13) For a for-profit institution, provide the names and business addresses of persons owning more than 10% of the school (261B 4(6))):

concernity is a second of the	Name	Address	Telephone Number
Add Row			
Delete Row			

(14) Name all agencies accrediting the institution and programs offered in lowa that are recognized by the U.S. Department of Education [(261B.4(9))]. Separately attach a copy of the school's accreditation status for each agency. Provide all documentation in the school's records about any pending or final accrediting agency sanction.

If the school is applying to initiate in-person instruction at an lowa location and the school's accrediting agency has not approved the lowa location, provide either: 1) documentation from the accrediting agency that its approval is not required, or 2) documentation that the accrediting agency will not consider the school's approval request until the Commission approves the school to operate in Iowa.

Accrediting	Agency	1
Accidenting	Adelica	- 1

Street: Name:

230 South LaSalle St. Higher Learning Commission Suite: City: State: Zìp:

60604 7-500 Chicago Ш

Telephone Number (including country or area code): Country:

United States 312-263-0456

Contact Person:

Dr. Karen J. Soloman

Accrediting Agency 2

Street: Name:

American Culinary Federation Education Foundation 180 Center Place Way Suite: City: State:

St Augustine FL. 32095

Telephone Number (including country or area code):

United States Contact Person:

Country:

Ms. Candice Childers

Accrediting Agency 3 Name:		Street:		
Suite :	City:	State:	Zip:	
Country:		Telephone Number (inc	luding country or area cod	e):
Contact Person:				
(15) Describe the procedures folior preservation of student records [(2		or safeguarding (e.g., stora	ge, security and back-up	processes) and
(16) Provide the contact information Name:	on to be used by stu	dents and graduates who s Street	seek to obtain transcript in	formation:
Registrar		900 N. Brand	ch Street	
Suite	City:	State:	Zip:	
•	Chicago	IL	60642	
Country:		Telephone Number (înc	luding country or area coo	le):
United States		312-752-2030		
E-mail address and/or website:				
registrars@kendall.edu				

(17) List the states and licensure/authorization agencies for all states that require the school to obtain authorization to operate, maintain a presence or offer distance education in that state. Attach documentation of the school's licensure/authorization status in each state, Do not list states in which the school's status is "exempt."

	State	Agency Name
Add Row Delete Row	Texas	Texas Higher Education Coordinating Board
Add Row Delete Row	Wisconsin	Wisconsin Educational Approval Board

(18) Has a state ever revoked the school's approval to operate in that state?
No Yes. If yes, attach documentation from the state of its revocation action.
(19) Has a state sanctioned the school within the year prior to the date of this application? Ves. If yes, attach documentation from the state of its sanction action.
(20) Is the school presently under investigation by or bound to the terms of a judgment issued by a state's attorney general or other enforcement authority?
No Yes. If yes, attach documentation of the investigation or judgment from the enforcement authority. (21) Will the school certify that it will immediately notify the Commission of any pending or final sanction issued by the
school's accrediting agency, another state agency that registers or licenses the school, or a state attorney general's office or other enforcement authority? Yes No
(22) Describe the academic and instructional methodologies and delivery systems to be used by the school and the extent to which the school anticipates each methodology and delivery system will be used, including, but not limited to, classroom instruction, correspondence, internet, electronic telecommunications, independent study, and portfolio experience evaluation. [2618.4(13)] Kendall utilizes the Blackboard learning management system to support online courses. Students can complete coursework, field work activities, communicate with faculty and other students, and organize their schedules. Kendall will continue to use Blackboard for all students for the foreseeable future.
(23) Is the school subject to a limitation, suspension or termination (LST) order issued by the U.S. Department of Education? Yes Yes
Please separately attach a copy of the school's current Federal Student Aid Program Participation Agreement with the U.S. Department of Education.

(24) Do you currently:		
Enroll students in Iowa?	o 🗸 Yes. How many? 6	
Employ Iowa faculty? V	es. How many full-time?	How many part-time?
(25) Do you compensate lowa residents to	nerform other operational activities	for the school besides teaching (e.g.,
program or Iowa site coordinator, call-taker		, and a street in
✓ No Yes	How many full-time?	How many part-time?
-		
(26) If are you applying to offer face-to-face	e instruction at one or more fixed loc-	ations in lowa, provide the name, title.
business contact information and a brief cu full-time faculty member or program coordi	irriculum vitae summary for the Iowa	resident(s) who is employed as a
Not Applicable		
(27) Of the total number of faculty (includin programs offered to lowa residents, how m		nts) who will provide instruction in ow many are part-time?
Separately attach resumes, other documer and experiential qualifications of all faculty	ntation or links to your website that d	escribe 1) the educational s offered to lowans, and 2) the general
subject matter in which they teach.		
(28) How will your school comply with low registered by the Commission, and 2) the Commission.	a Code section 261B.7, which requir Commission's contact information for	res the school to disclose 1) that it is r student questions or complaints?
	laced on the Legal and Consu This will include the Commiss	mer Protection section of the ion's contact information for student
questions or complaints.		8

(29) Will your school comply with the requirements of Iowa Code Section 261.9(1)"e" to "h?"
✓ Yes No
Note: Schools that apply for registration to offer distance education programs and who have no compensated parties working remotely for the school from an Iowa location are not required to comply with Iowa Code Section 261.9(1)"h." For more information about Iowa Code Section 261.9(1), please contact the Postsecondary Registration Coordinator or see the "Postsecondary Registration" tab on the Commission's main web page at www.iowacollegeaid.gov .
You must attach policies that are ready for implementation upon registration approval and that comply with these requirements.
(30) Does the school agree to file annual reports that the Commission requires from all lowa colleges and universities? (Note: At this time, the Commission does not require annual reports for out-of-state distance education program providers.)
✓ Yes No
(31) Attach a copy of the applicant school's most recent independent audit report prepared by a certified public accounting firm no more than 12 months prior to the application and state below where, in the audit report, there is evidence that the auditor is providing an unqualified opinion.
Note: A school may submit financial statements associated with an independent audit to the Commission in a separate electronic file that is marked "confidential." In that case, the Commission will not disclose the school's financial statements to the public. Please see attached financial statement
(32) Describe how your school provides students with learning resources, including appropriate library and other support services requisite for the school's programs. Please see attached Learning Resources document
(33) Provide evidence that faculty within an appropriate discipline are involved in developing and evaluating curriculum for the program(s) to be registered in lowa. Please see the attached Faculty Evaluation document
(34) If applicable, please provide evidence that the school has adequate physical facilities appropriate for the program(s) and students services to be offered and are located in the state. For a school that applies for registration to operate a fixed instructional site, include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease. Please see attached Physical Facilities document. Note - Kendall College does not operate a facility within the state of lowa.

(35) For a for-profit institution, provide an organizational plan that shows the physical address and contact information for all educational, administrative and service locations operated by the applicant and any parent organization. Please see attached Organizational Chart. All operations of Kendall College take place at the Chicago Campus.
(36) Provide documentation showing the school's policy for the resolution of student and graduate comments and complaints. Provide complete contact information to which complainants may be referred. The Complaint and Grievance policy can be found on pages 10-11 in the Kendall College Catalog. Complaints are reviewed by the Director of Student Operations, who can be reached at (312) 752-2382.
(37) Provide the most recent official Stafford loan cohort default rate that the U.S. Department of Education reports for the school. If the school has multiple campuses and is applying for distance education programs, report the cohort default rate for the campus that supports the school's online programs. 11.3%
(38) Provide the average loan debt upon graduation of individuals completing programs at the school.\$33,941
(39) Provide the graduation rate for each branch location that the school reports to the U. S. Department of Education National Center for Education Statistics. If the school has multiple campuses for which it reports a graduation rate and is applying for distance education programs, report the graduation rate for the campus that supports the school's online programs.

SIGNATURE

Applicant School Chief Executive Officer	
Emily Knight	President
Name	Title
	Date
Signature	Date

See link below for video instructions to set up a digital signature (start video at 2:57 for relevant information)

http://tv.adobe.com/watch/acrobat-x/how-to-digitally-sign-a-document-with-adobe-reader/

By my signature above, I commit to the delivery of programs my school offers in lowa, and agree to provide alternatives for students to complete programs at my school or at another school(s) if my school closes a program, or my school closes before students have completed their courses of study.

Additional Instructions:

- If any information in this application changes before the Commission considers the application the school should inform the Postsecondary Registration Coordinator via email.
- A registration fee of \$1000 is due and payable to the Iowa College Student Aid Commission upon registration approval.
- Registrations must be renewed every two years. During a registration term, a school must submit a written request for amendment via email and remit an additional \$1000 amendment fee upon any substantive change in program offerings, location, or accreditation.
- During a registration term, other changes that occur to the information provided in this application must be submitted in writing (e-mail is acceptable) to the Postsecondary Registration Coordinator within 90 days of the change (e.g., a new program that does not require the approval of an agency of the state of lowa).